EDMUND G. BROWN JR. Attorney General

# State of California DEPARTMENT OF JUSTICE



UNITED ST

455 GOLDEN GATE AVENUE, SUITE 11000 SAN FRANCISCO, CA 94102-7004

> Public: (415) 703-5500 Telephone: (415) 703-5824 Facsimile: (415) 703-5843 E-Mail: Ken.Roost@doj.ca.gov

July 18, 2008

FILED

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RICHARD W. WIEKING CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA

BY U.S. MAIL United States Marshals Service United States Department of Justice 450 Golden Gate Ave. San Francisco, CA 94102

RE:

Shamburger v. Kirkland, et al.

United States District Court, Northern District of California, Case No. C 07-4597 JSW

Dear Marshals Service:

I am the attorney assigned to represent Defendants Kirkland, Pena, McGuyer, Smith, O'Neill, Foss, Randolph, Cook, and Stewart in the above case.

As the attorney for these Defendants, I acknowledge receipt of the summons, complaint, and waivers, which were sent by the Marshals Service. I agree to save the cost of service of formal summons by not requiring that I or the above Defendants be served with judicial process under Rule 4 of the Federal Rules of Civil Procedure.

This waiver does not waive any defenses or objections to the lawsuit or to the jurisdiction or venue of the Court, except for objections based on a defect in the summons or in the service of the summons. The above Defendants will answer or respond by motion to the complaint in accordance with Federal Rule of Procedure 12 and applicable court orders or party stipulations.

Sincerely,

KENNETH T. ROOST Deputy Attorney General

For

EDMUND G. BROWN JR. Attorney General

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## U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF COURT CASE NUMBER Harold B. Shamburger 07-4597 JSW		
DEFENDANT	TYPE OF PROCESS	
R. Kirkland et al.,	Complaint, Order, Summons	
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SER		
SERVE G. Stewart, Pelican Bay State Prison		
AT  ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
P.O. Box 7000, Crescent City, CA 95531-7000		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELO	Number of process to be served with this Form 285 2	
Harold B. Shamburger P.O. Box 7500 Crescent City, CA 95532	Number of parties to be served in this case 17	
D16530	Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEIAll Telephone Numbers, and Estimated Times Available for Service):    del	Fol	
Signature of Attorney other Originator requesting service on behalf of:	GE TELEPHONE NUMBER DATE	
Signature of Attorney other Originator requesting service on behalf of:  PLAINTI  DEFEND	rr	
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SPACE-BELOW FOR USE OF U.S. MARSHAL ONLY	DO NOT WRITE BELOW THIS LINE	
I acknowledge receipt for the total number of process indicated.  (Sign only for USM 285 if more than one USM 285 is submitted)  Total Process Origin Serve No	e of Authorized USMS Deputy or Clerk  Date  04//5/0	
I hereby certify and return that I have personally served, have legal evidence of service on the individual, company, corporation, etc., at the address shown above on the on the individual.	have executed as shown in "Remarks", the process described dual, company, corporation, etc. shown at the address inserted below	
I hereby certify and return that I am unable to locate the individual, company, corporation	, etc. named above (See remarks below)	
Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date Time	
	Signature of U.S. Marshal or Deputy	
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4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment,

if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

## U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Harald B. Shamburgar	COURT CASE NUMBER				
		07-4597 JSW			
EFENDANT . Kirkland et al.,		TYPE OF PROCESS  Complaint Order Symmons			
		Complaint, Order, Summons			
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SE	KVE OK DESCRIPTIO	N OF PROPERTY IS	O SEIZE OR CONDEMN		
M. Randolph, Pelican Bay State Prison  ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)					
P.O. Box 7000, Crescent City, CA 95531-7000	OIN .		T		
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Harold B. Shamburger	Numb	er of parties to be			
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Signature of Attorney other Originator requesting service on behalf of:	TEL EPHON	NE NUMBER	DATE		
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SPACE SELOW FOR USE OF U.S. MARSHAL ONLY-	DO NOT WR	ITE BELOW	THIS LINE		
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Address (complete only different than shown above)		Date	Time		
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3. NOTICE OF SERVICE

BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
 ACKNOWLEDGMENT OF RECEIPT

Form USM-285 Rev. 12/15/80

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U.S. Department of Justice United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Harold B. Shamburger	COURT CASE NUM 07-4597 JSW	BER	
DEFENDANT	TYPE OF PROCESS		
R. Kirkland et al.,	Complaint, Order,	Summons	
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE	OR DESCRIPTION OF PROPERTY T	O SEIZE OR CONDEM	
SERVE M. Foss, Pelican Bay State Prison		_ KC	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)			
P.O. Box 7000, Crescent City, CA 95531-7000		F PR	
END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW	Number of process to be		
	served with this Form 285		
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P.O. Box 7500	Number of parties to be served in this case	\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}{2}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text{\$\frac{1}\text	
Crescent City, CA 95532		်င္ပ မွ	
D16530	Check for service on U.S.A.		
		F	
gnature of Attorney other Originator requesting service on behalf of:  PLAINTIFF  DEFENDAN	TELEPHONE NUMBER T 415-522-4261	DATE 4/3/08	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO			
acknowledge receipt for the total umber of process indicated.  Sign only for USM 285 if more tan one USM 285 is submitted)  Total Process District of Origin Serve  No. // No. //	Authorized USMS Deputy or Clerk	Date 09 /15/	
hereby certify and return that I \( \sum_{\text{have personally served}} \), \( \sum_{\text{have legal evidence of service} \) In the individual, company, corporation, etc., at the address shown above on the on the individual	have executed as shown in "Remark, company, corporation, etc. shown at the	s", the process described he address inserted below	
I hereby certify and return that I am unable to locate the individual, company, corporation, etc	named above (See remarks below)		
lame and title of individual served (if not shown above)		table age and discretion defendant's usual place	
ddress (complete only different than shown above)	Date	Time	
	Signature of U.S. M	arshal or Deputy	
Prince Fee Total Mileage Charges including endeavors)  Total Mileage Charges Forwarding Fee Total Charges Advance Description	eposits Amount owed to U.S. Marsh (Amount of Refund*)	nal* or	
EMARKS: 503/08- marled fundante w/290 F	\$0.0	00	
1/18/08 - Acknowloled Receipt			
PREST 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD	PRIOR	EDITIONS MAY BE U	

3. NOTICE OF SERVICE

4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

Please type or print legibly, insuring readability of all copies. DO NOT DETACH ANY COPIES. Submit one complete set of this form (USM-285) and one copy of each writ for each individual, company, corporation, etc., to be served or property to be seized or condemned. The applicable fees for such service(s) (T28, USC Sec. 1921 establishes the fees for service of process by the U.S. Marshal) may be required prior to said service.

For service of any process upon an officer or agent of the United States Government, submit a copy of the writ and a set of Form USM-285 for each officer or agent upon whom service is desired. Submit three (3) additional copies of the writs for service upon the Government of the United States. The U.S. Marshal will serve one (1) upon the U.S. Attorney and will forward two (2) to the Attorney General of the United States. (When the applicable box is checked, completion of the final signature block by the U.S. Marshal or his Deputy always certifies service on the U.S. Attorney and the Attorney General, regardless of whether other defendants on the writ were served.) Failure to provide any of the copies will delay service of the writ.

Complete all entries above the double line. Mark all applicable check boxes and use the "Special Instructions" to advise of any information that will assist the U.S. Marshal in expediting service.

If more than one writ and USM-285 is submitted on a single case, the U.S. Marshal will receipt for all of them on the first USM-285. You will receive for your records the last (No. 5) "Acknowledgment of Receipt" copy for all the USM-285 forms you submit. When the writ is served, you will receive the No. 3 Notice of Service copy. This copy will be identical to the return to the Clerk of the Court.

Upon completion of all services (if the Marshals fees were not requested or tendered in advance or if additional fees are indicated), you will receive a "Billing Statement" (copy 4 of USM-285) from the United States Marshal. (NOTE: Copy 4 should be returned, by you, to the U.S. Marshal, together with your payment of the amount owed.

## U.S. Department of Justice United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Harold B. Shamburger	COURT CASE NUMBER 07-4597 JSW	
EFENDANT TYPE OF PROCESS		
R. Kirkland et al.,	Complaint, Order, Summons	
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ET	C. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEM	
SERVE B. O'Neill, Pelican Bay State Prison		
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP	Code)	
P.O. Box 7000, Crescent City, CA 95531-7000		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDR	Number of process to be served with this Form 285 2	
Harold B. Shamburger P.O. Box 7500 Crescent City, CA 95532	Number of parties to be served in this case 17	
D16530	Check for service on U.S.A.	
<u>d</u>	AM 9: 31. N DISTRICT NEORNIA	
Signature of Attorney other Originator requesting service on behalf of:	PLAINTIFF TELEPHONE NUMBER DATE	
SPACE BELOW FOR USE OF U.S. MARSHAL O	DILY DO NOT WRITE BELOW THIS LINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  Total Process District of Origin Serve  No	Signature of Authorized USMS Deputy or Clerk  O4/15/	
I hereby certify and return that I have personally served, have legal eviden on the individual, company, corporation, etc., at the address shown above on the o		
$\hfill \square$ 1 hereby certify and return that I am unable to locate the individual, company,	corporation, etc. named above (See remarks below)	
Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in defendant's usual place of abode	
Address (complete only different than shown above)	Date Time	
	Signature of U.S. Marshal or Deputy	
Service Fee Total Mileage Charges including endeavors)  Total Mileage Charges Forwarding Fee Including endeavors)	Advance Deposits	
7/18/08 - Acknowledgal Recei	99' Form	
PRINT 5 COPIES: 1. CLERK OF THE COURT 2. USMS RECORD	PRIOR EDITIONS MAY BE U	

USMS RECORD
 NOTICE OF SERVICE
 BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
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Page 7 of 17

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U.S. Department of Justice United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF Harold B. Shamburger	COURT CASE NUMBER 07-4597 JSW
DEFENDANT	TYPE OF PROCESS
R. Kirkland et al.,	Complaint, Order, Summons
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SE	
SERVE C. McGuyer, Pelican Bay State Prison	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)	
P.O. Box 7000, Crescent City, CA 95531-7000	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BEL	OW N. S.
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Crescent City, CA 95532	Served III tills case 7
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	on U.S.A.
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<u>d</u>	$\mathcal{L}_{\mathcal{L}}}}}}}}}}$
	_, _,
Signature of Attorney other Originator requesting service on behalf of:  PLAIN  DEFEN	
DEFEN	DANT 415-522-4261 4/3/08
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY	- DO NOT WRITE BELOW THIS LINE
	ure of Authorized USMS Deputy or Clerk Date
number of process indicated. (Sign only for USM 285 if more	
than one USM 285 is submitted) No	04/15/0
I hereby certify and return that I $\square$ have personally served, $\square$ have legal evidence of serven the individual, company, corporation, etc., at the address shown above on the on the individual.	have executed as shown in "Remarks", the process described ridual, company, corporation, etc. shown at the address inserted below.
☐ I hereby certify and return that I am unable to locate the individual, company, corporati	on, etc. named above (See remarks below)
Name and title of individual served (if not shown above)	A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date Time
	☐ am ☐ pm
	<u> </u>
	Signature of U.S. Marshal or Deputy
Service Fee Total Mileage Charges including endeavors)  Total Mileage Charges Forwarding Fee Total Charges Advantage Including endeavors)	ce Deposits Amount owed to U.S. Marshal* or (Amount of Refund*)
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18/08- Acknowledged Beceipt	
PRINT S COPIES: 1. CLERK OF THE COURT 2. USMS RECORD	PRIOR EDITIONS MAY BE USED

3. NOTICE OF SERVICE

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USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

#### U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF COURT CASE NUMBER Harold B. Shamburger 07-4597 JSW					
DEFENDANT	TYPE OF PROCESS				
R. Kirkland et al.,	Con	Complaint, Order, Summons			
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO	SERVE OR DESCRIPTION	OF PROPERTY TO SEIZE OR CONDEM			
SERVE M. Pena, Pelican Bay State Prison					
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code,	)				
P.O. Box 7000, Crescent City, CA 95531-7000					
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS I	Number	of process to be ith this Form 285 2			
	served w	ith this Form 285 2			
Harold B. Shamburger		of parties to be			
P.O. Box 7500 Crescent City, CA 95532	served in	this case 17 5 5			
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	on U.S.A				
		: 36 HCT			
Signature of Attorney other Originator requesting service on behalf of:	AINTIFF TELEPHONE	NUMBER DATE			
	FENDANT 415-522-4	4/3/08			
SPACE BELOW FOR USE OF U.S. MARSHAL ONL					
l acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)  Total Process District of Origin Serve	gnature of Authorized USMS E	Deputy or Clerk Date			
I hereby certify and return that I have personally served, have legal evidence of	service have executed as	shown in "Remarks", the process described			
on the individual, company, corporation, etc., at the address shown above on the on the	ndividual, company, corporati	on, etc. shown at the address inserted below			
I hereby certify and return that I am unable to locate the individual, company, corpo	ration, etc. named above (See r	emarks below)			
Name and title of individual served (if not shown above)		A person of suitable age and discretion then residing in defendant's usual place of abode			
Address (complete only different than shown above)	D	Time			
	S	ignature of U.S. Marshal or Deputy			
Service Fee Total Mileage Charges including endeavors)  Total Mileage Charges Forwarding Fee Total Charges Additional Charges Including Endeavors		wed to U.S. Marshal* or of Refund*)			
	$\mathscr{D}$	\$0.00			
7/18/08-Acknowled out of agg,	Form				
PRINT 5 COPIES:  1. CLERK OF THE COURT  2. USMS RECORD		PRIOR EDITIONS MAY BE U			

3. NOTICE OF SERVICE

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5. ACKNOWLEDGMENT OF RECEIPT

Form USM 2

1

#### INSTRUCTIONS FOR SERVICE OF PROCESS BY U.S. MARSHAL

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## U.S. Department of Justice United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

AINTIFF COURT CASE N arold B. Shamburger 07-4597 JSW			BER	
Harold B. Shamburger  DEFENDANT	TYPE OF PROCESS			
R. Kirkland et al.,	Complaint, Order,	Summons		
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO				
SERVE R. Kirkland, Pelican Bay State Prison	SERVE OR DES		O SEIZE ON CONDEMN	
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)				
P.O. Box 7000, Crescent City, CA 95531-7000			~ ~	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BE	ELOW	Number of process to be served with this Form 285	18 APR	
Harold B. Shamburger P.O. Box 7500 Crescent City, CA 95532		Number of parties to be served in this case		
D16530		Check for service on U.S.A.	15 AM 9: 33	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EX All Telephone Numbers, and Estimated Times Available for Service):	PEDITING SER	VICE ( <i>Include Business and )</i>	Alternale Addresses. Fold	
Signature of Attorney other Printer to Facilities Service on behalf of:	MILL	ELEPHONE NUMBER	DATE	
□ DEFE	ENDANT	415-522-4261	4/3/08	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY	Y DO NO	T WRITE BELOW	THIS LINE	
acknowledge receipt for the total number of process indicated.  Sign only for USM 285 if more han one USM 285 is submitted)  Total Process District of Origin Serve	nature of Authori	zed USMS Deputy or Clerk	Date 04/16-18	
hereby certify and return that I have personally served, have legal evidence of seen the individual, company, corporation, etc., at the address shown above on the on the individual.	rvice, have o	xecuted as shown in "Remark: ny, corporation, etc. shown at the	s", the process described he address inserted below.	
I hereby certify and return that I am unable to locate the individual, company, corpora	tion, etc. named	above (See remarks below)		
Name and title of individual served (if not shown above)			table age and discretion defendant's usual place	
Address (complete only different than shown above)		Date	Time ar	
		Signature of U.S. M	arshal or Deputy	
Total Mileage Charges including endeavors)  Total Mileage Charges Forwarding Fee Total Charges Advanced including endeavors	vance Deposits	Amount owed to U.S. Marsh (Amount of Refund*)	al* or	
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7/18/08 - Acknowled Recipt	ren			
PRINT 5: OPILS:  1. CLERK OF THE COURT 2. USMS RECORD 3. NOTICE OF SERVICE		PRIOR	EDITIONS MAY BE USE	

if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

Please type or print legibly, insuring readability of all copies. DO NOT DETACH ANY COPIES. Submit one complete set of this form (USM-285) and one copy of each writ for each individual, company, corporation, etc., to be served or property to be seized or condemned. The applicable fees for such service(s) (T28, USC Sec. 1921 establishes the fees for service of process by the U.S. Marshal) may be required prior to said service.

For service of any process upon an officer or agent of the United States Government, submit a copy of the writ and a set of Form USM-285 for each officer or agent upon whom service is desired. Submit three (3) additional copies of the writs for service upon the Government of the United States. The U.S. Marshal will serve one (1) upon the U.S. Attorney and will forward two (2) to the Attorney General of the United States. (When the applicable box is checked, completion of the final signature block by the U.S. Marshal or his Deputy always certifies service on the U.S. Attorney and the Attorney General, regardless of whether other defendants on the writ were served.) Failure to provide any of the copies will delay service of the writ.

Complete all entries above the double line. Mark all applicable check boxes and use the "Special Instructions" to advise of any information that will assist the U.S. Marshal in expediting service.

If more than one writ and USM-285 is submitted on a single case, the U.S. Marshal will receipt for all of them on the first USM-285. You will receive for your records the last (No. 5) "Acknowledgment of Receipt" copy for all the USM-285 forms you submit. When the writ is served, you will receive the No. 3 Notice of Service copy. This copy will be identical to the return to the Clerk of the Court.

Upon completion of all services (if the Marshals fees were not requested or tendered in advance or if additional fees are indicated), you will receive a "Billing Statement" (copy 4 of USM-285) from the United States Marshal. (NOTE: Copy 4 should be returned, by you, to the U.S. Marshal, together with your payment of the amount owed.

Case 3:07-cv-04597-JSW Document 27 Filed 07/30/2008 Page 14 of 17 USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

AT  NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION  P. Smith, Pelican Bay State Prison  ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  P.O. Box 7000, Crescent City, CA 95531-7000  END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Harold B. Shamburger  P.O. Box 7500  Crescent City, CA 95532  D16530	O7-4597 JSW  TYPE OF PROCESS Complaint, Order, CRIPTION OF PROPERTY TO  Number of process to be served with this Form 285  Number of parties to be served in this case  Check for service on U.S.A.  VICE (Include Business and A	
NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 7000, Crescent City, CA 95531-7000  END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Harold B. Shamburger P.O. Box 7500 Crescent City, CA 95532	Number of process to be served with this Form 285  Number of parties to be served in this case  Check for service on U.S.A.	2 17
P. Smith, Pelican Bay State Prison ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 7000, Crescent City, CA 95531-7000 END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Harold B. Shamburger P.O. Box 7500 Crescent City, CA 95532	Number of process to be served with this Form 285  Number of parties to be served in this case  Check for service on U.S.A.	17
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) P.O. Box 7000, Crescent City, CA 95531-7000  END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Harold B. Shamburger P.O. Box 7500 Crescent City, CA 95532	Number of parties to be served in this case  Check for service on U.S.A.	17
P.O. Box 7000, Crescent City, CA 95531-7000  END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Harold B. Shamburger P.O. Box 7500 Crescent City, CA 95532	Number of parties to be served in this case  Check for service on U.S.A.	17
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P.O. Box 7500 Crescent City, CA 95532	Check for service on U.S.A.	
	on U.S.A.	03 APR
	VICE (Include Business and A	
		M 9: 35 NSTRICT
ignature of Attories other Originator requesting service on behalf of:	ELEPHONE NUMBER	DATE
DEFENDANT	415-522-4261	4/3/08
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY DO NO	T WRITE BELOW	THIS LINE
acknowledge receipt for the total umber of process indicated.  Total Process District of Origin Serve Signature of Authorization	zed USMS Deputy or Clerk	Date
ign only for USM 285 if more an one USM 285 is submitted) 2 No. 11 No. 11		04/15/08
hereby certify and return that I $\square$ have personally served, $\square$ have legal evidence of service, $\square$ have en the individual, company, corporation, etc., at the address shown above on the on the individual, company		
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named a	above (See remarks below)	
ame and title of individual served (if not shown above)	· ·	able age and discretion defendant's usual place
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3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT

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Case 3:07-cv-04<u>59</u>7-JSW Document 27 Filed 07/30/2008 Page 16 of 17

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

#### U.S. Department of Justice United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF					COURT CASE NUME	RFR		
			07-4597 JSW					
			TYPE OF PROCESS					
R. Kirkland et al.,			Complaint, Order,	Summons				
NAME OF INDIV	/IDUAL, COMPANY, C	ORPORATION. ET	C. TO SERVE OR D	ESCRIPT	ION OF PROPERTY TO	O SEIZE OR	CONDEM	IN
SERVE M. Cook, Pelic	an Bay State Prison					7	0	<i>c</i> ~
AT ADDRESS (Street	t or RFD, Apartment No.	City, State and ZIP	Code)			Ó	00	-23
P.O. Box 7000	, Crescent City, CA	95531-7000				유곡	APR	巴
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				serv	ved with this Form 285	===	<b>ા</b>	급유
Harold B. Shambu	rger			Nu	mber of parties to be	90	=	TES MAUSHAN
P.O. Box 7500	05520				ved in this case	STR	ڝٙ	:5
Crescent City, CA D16530	95532					<del>2</del> 2	<del>-:-</del>	#S
D10330					eck for service U.S.A.	=====================================	~	محمن
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Signature of Attorney other Originato	or requesting service on be	<u></u>	PLAINTIFF		IONE NUMBER	DATE		
'77-			DEFENDANT	415-5	522-4261	4/3/08		
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I acknowledge receipt for the total	Total Process District	of District to	Signature of Author	orized US	MS Deputy or Clerk	D	ate	_
number of process indicated. (Sign only for USM 285 if more	Origin	Serve	100	1			,	
than one USM 285 is submitted)	No	No!	Lec			Q	4/15/	108
I hereby certify and return that I	nave personally served,	have legal eviden	ce of service hav	e execute	d as shown in "Remarks	", the process	described	
on the individual, company, corporat	ion, etc., at the address sh	nown above on the or	the individual, com	oany, coπ	poration, etc. shown at th	ne address ins	erted belov	<b>v</b> .
I hereby certify and return that I	am unable to locate the ir	ndividual, company,	corporation, etc. name	ed above (	(See remarks below)			
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  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal. 5. ACKNOWLEDGMENT OF RECEIPT

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